

IPDR6702		NORTH CAROLINA			PAGE: 1		
RUN DATE: 03/13/2005		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 03/15/2005					
		FINANCIAL PAYER: NCDMH					
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS
							PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	8505	1	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		0	0		0	1	4
							3
3404904	WESTERN HIGHLAN DS LME	8505	269	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		11	19	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	303	415
							112
		8622	10	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.			
3404905	TREND COMM MENT AL HLTH CTR	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0
							0
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0
							0
3404910	PATHWAYS	8505	2002	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		8800	227	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	3	2500	4505
							2005
		8599	135	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
3404912	CATAWBA COUNTYM ENTAL HEALT	8505	659	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		11	51	CLIENT NOT ELIGIBLE ON SERVICE DATE	30	760	1181
							421
		8931	27	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.			
3404913	MECKLENBURG COM ENTAL HEALT	8329	1	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA			
		0	0		0	1	1
							0
3404916	CROSSROADS BEHA VIOAL HEAL	8599	102	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		21	53	DUPLICATE OF CLAIM-SYSTEM	13	295	1974
							1679
		8000	45	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL			

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404917	CENTERPOINT HUM AN SERVICES	8599	196	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		120	35	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	34	359	2824	2465
		27	34	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
3404918	ROCKINGHAM CO M ENTAL HEALT	8505	47	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	24	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	114	595	481
		21	24	DUPLICATE OF CLAIM-SYSTEM				
3404919	GUILFORD CO MEN TAL HEALTHC	8599	247	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	44	DUPLICATE OF CLAIM-SYSTEM	31	404	4351	3947
		10	33	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404920	ALAMANCE CASWEL L AREA MH D	8505	1069	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	179	DUPLICATE OF CLAIM-SYSTEM	5	1436	1972	536
		8599	153	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON C HATHAM AREA	5312	1213	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8505	419	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	23	2151	4473	2322
		8599	131	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	11	1629	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	622	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	3204	8646	5442
		8505	426	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404923	VGFW AREA AUTHO RITY	8505	135	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	54	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	245	2210	1867
		8800	15	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

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3404925	SANDHILLS CENTE R FOR MH/DD	8505	3119	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	326	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	71	3831	8594	4763
		143	99	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404926	SOUTHEASTERN RE G MENTAL HL	8505	1567	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	213	CLIENT NOT ELIGIBLE ON SERVICE DATE	41	2357	4795	2438
		21	167	DUPLICATE OF CLAIM-SYSTEM				
3404927	CUMBERLAND CO M HC	8505	2287	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	152	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	2608	4669	2047
		8800	148	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404929	LEE HARNETT MH/ DD/SAS	8517	112	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8518	33	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	0	189	970	781
		8599	17	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY MNTL HLTHC	8599	96	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	83	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	125	295	1762	1467
		10	23	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404931	WAKE CO HUM SVC BILLING OF	11	959	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	101	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	69	1169	1722	553
		8931	49	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	875	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	286	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	9	1955	5045	3090
		8599	268	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404934	ONslow COUNTY B EHAVIORAL H	8329	49	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
		8505	40	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	6	128	1374	1246
		11	13	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	186	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8931	20	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	31	235	1700	1465
		8932	9	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404937	EDGEcombe NASH MNTL HLTH C	8505	150	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	134	DUPLICATE OF CLAIM-SYSTEM	1	301	882	581
		8599	7	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404938	VGFw DBA RIVERS TONE COUNSE	21	32	DUPLICATE OF CLAIM-SYSTEM				
		8621	27	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	2	97	1836	1739
		120	20	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404939	NEUSE MENTAL HE ALTH CENTER	8599	53	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		120	46	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	2	234	3787	3553
		27	34	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				

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3404941	PITT CO MH/DD/S AS CENTER	8599	149	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8329	141	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	83	588	2276	1688
		11	94	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404942	ROANOKE CHOWANH UMAN SERVIC	21	8	DUPLICATE OF CLAIM-SYSTEM				
		8599	7	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	9	30	466	436
		8931	5	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404943	ALBEMARLE MENTA L HEALTH CE	11	39	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	26	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	19	118	2468	1644
		8931	16	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404944	EASTPOINTE HUMA N SERVICES	8505	105	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	15	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	10	134	1107	973
		8931	4	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404946	FOOTHILLS AREAM ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404957	TIDELAND MENTAL HEALTH CTR	8599	60	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8932	8	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	10	71	2602	2531
		8931	2	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404979	NEW RIVER AREAM H/DD/SA FRO	8505	60	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8518	50	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	8	194	1077	882
		8599	29	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				